

# REQUEST FORM FOR PRODUCERS AND CONSULTANT'S

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

## OPTIONS

- |                                |                        |
|--------------------------------|------------------------|
| 1. Change of Address           | 5. Letter of Clearance |
| 2. Change of Name              | 6. Duplicate License   |
| 3. Correct Social Security     | 7. Certification       |
| 4. Change of License Authority |                        |

When requesting option 1 through 4, no fee is required **unless a new license is requested.**

**If a new license is requested, a fee of \$5.00 must be submitted with this form.**

When requesting option 5, 6 or 7, a fee of \$5.00 must be submitted with this form.

## Check Appropriate Box Below

☐ DO NOT ISSUE NEW LICENSE (No Fee Required)      ☐ ISSUE NEW LICENSE (\$5.00 Fee Required)

1. ☐ **CHANGE OF ADDRESS**      Nonresident licensees moving to a new state of residency must submit an original home state certification not more than 90 days old.

## FROM

## TO

\_\_\_\_\_  
BUSINESS - NAME OF FIRM

\_\_\_\_\_  
BUSINESS - NAME OF FIRM

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET                      SUITE OR BOX

\_\_\_\_\_  
STREET                      SUITE OR BOX

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

## FROM

## TO

\_\_\_\_\_  
RESIDENCE

\_\_\_\_\_  
RESIDENCE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

2. ☐ **CHANGE OF NAME**

\_\_\_\_\_  
FROM

\_\_\_\_\_  
TO

3. ☐ **SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
FROM

\_\_\_\_\_  
TO

4. ☐ **CHANGE OF LICENSE AUTHORITY**

☐ ADD LINE(S)      ☐ DELETE LINE(S)      The following Line(s) of insurance To/From my existing license:

**Note:** When requesting a license in Line (3) Variable Contracts proof of passage of the NASD or SEC examination must be attached to this form. When adding lines to an existing license, a nonresident licensee must submit an original home certification not more than 90 days old.

DOI-9110 1/01

5. ☐ **LETTER OF CLEARANCE (\$5.00 Fee Required)**

I have moved from Nebraska to the State of \_\_\_\_\_. Please cancel all my existing Nebraska resident insurance licenses and forward a letter of clearance to the following address(es):

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6. ☐ **DUPLICATE LICENSE (\$5.00 Fee For Each Duplicate)**

I hereby certify that my license has been lost, stolen, or destroyed. Following is my statement concerning the facts of such loss.

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☐ PRODUCER      ☐ CONSULTANT      ☐ SURPLUS LINES

7. ☐ **CERTIFICATION (\$5.00 Fee For Each Certification)**

I am applying for a nonresident license in the State(s) of \_\_\_\_\_

Please issue a certification of my Nebraska license status.

**INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN ORDERING A CERTIFICATION.**

Mail Certification(s) to:

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**Note: To assure that the information requested herein is applied to the correct license record, it is essential that you provide your social security number.**

**Mail to:**

**Nebraska Department of Insurance  
Terminal Building  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639  
(402) 471-4913**

Subscribed to in my presence and duly sworn this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

State \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**Important: This form must be signed by the licensee, and when requesting Options 2, 3, 5 or 6, the form must be notarized.**